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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet

of

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Complete if Known

Application Number 10/630,760

Filing Date DEC 5, 2001

First Named Inventor

Art Unit

Examiner Name

Attorney Docket Number

NON PATENT LITERATURE DOCUMENTS

Examiner Signature	/Michele K. Joike/	Date Considered	05/05/2010
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /MKJ/